

of those authors who have mentioned it in their writings. Of these, he selects for quotation the remarks of a Vienna professor, whose opinion he says "I hardly venture to quote." Notwithstanding this revulsion of his innate good feeling, he proceeds to quote him, and with what regard for the courtesy which members of the British Medical Association, at least, are entitled to expect from one another, those will form the best judgment who care to read the statement from Zuckerkandl, as given by Mr. Heath in page 1282 of the JOURNAL.

The questions concerning ethmoiditis, as of any other disease, cannot be settled by quoting opinions by whomsoever expounded, but by studying the disease clinically in the living subjects of it, and pathologically by the examination of specimens of it taken from such subjects. I regard it as a matter of course that Mr. Heath is really anxious to obtain some knowledge of the subject in question, and therefore I shall be glad to show him, at any time convenient to us both, patients now suffering from this disease, and a considerable amount of pathological material got from it, which has been worked out for me by Mr. Heath's distinguished colleague, Dr. Sidney Martin.

A summary of Dr. Martin's report of his examination of 20 separate specimens of ethmoiditis, representing over 300 stained and mounted sections, was embodied in a paper presented by me to the Section of Surgery at the annual meeting of the British Medical Association, held at Bournemouth in 1891. As this paper was not published in the BRITISH MEDICAL JOURNAL till March 12th, 1892, it is obvious that Professor Zuckerkandl could not have been acquainted with this work at the time he wrote the statement quoted by Mr. Heath. Otherwise, he would possibly have hesitated to commit himself to the opinions therein expressed.

This examination of Dr. Sidney Martin's did but review, and to some extent expand, at the same time that it confirmed, the previous report of Mr. Thurston, then pathologist to King's College Hospital, made for me six years previously, and on which my paper, presented to the Medical Society in 1885, was based. I ask every candid reader, if the continuous labours of a decade, conscientiously carried out by me in hospital and private work—confirmed, moreover, in every particular, by one of the first English pathologists—can, with any respect to truth, apart altogether from our English sense of fair play, I ask, can this work be justly described as "evolved more out of the inner consciousness of the author than from correct investigation"?

Zuckerkandl, of Vienna, further states: "I have not observed necrosis of the bones in a single case." Very well; but so much the worse for Zuckerkandl, seeing that two of English pathologists have detected extensive necrosis, and have described it definitely as such. Moreover, a drawing of one of the microscopical sections, prepared by Dr. Sidney Martin, and which drawing he affirmed to be an accurate representation of his section, appeared in the JOURNAL of March 12th, in the paper already referred to.

I have only to add that I shall be equally pleased to afford Professor Zuckerkandl the same opportunity of inspecting the disease in its clinical and pathological aspects, as I have already offered to Mr. Heath.—I am, etc.,

78, Harley Street, Dec. 10th.

EDWARD WOAKES, M.D. Lond.

SIR,—In Mr. Christopher Heath's lecture on The Surgery of the Nose and Accessory Cavities, delivered at the College of Surgeons on December 1st, he refers to some experiments made by me, to establish the truth of Heryng's statement, that, darkness on one side of the illuminated face was symptomatic of empyema of the antrum, and adds, that in consequence of the varying thickness of the bones in different individuals "the test proposed is not reliable." The experiments alluded to were made about three years ago, with micro lamps of half-candle power, far too weak for the purpose. I now use a lamp of 5-candle power, and have not seen a case in which it has failed to show the symptomatic light under the orbit and in the nostril more or less distinctly; but on the other hand I have cleared up many a doubtful case, and saved in this way, useless operations. In fact, I do not hesitate to say that no operation should be undertaken without first resorting to this simple but certain test. The following inter-

esting case will illustrate its use: Last month, a lady was sent to a surgeon here for treatment for empyema of the antrum, having suffered for a long time from offensive discharge from the nostril and most of the usual symptoms of the disease. The lamp test was applied, and to our mutual surprise, the face was equally and perfectly illuminated on both sides. I removed the diseased second and third molars, and a very extensive alveolar abscess connected with the latter appeared to be the cause of all the trouble, for there was no discharge afterwards, and without further treatment she got quite well.

The arrangements for safeguarding the tongue and mouth, as well as those for supplying the necessarily reduced current to the lamp, are rather too complicated to describe in the BRITISH MEDICAL JOURNAL; but if any medical man interested in the matter cares to call, I shall be pleased to show and explain it all to him.—I am, etc.,

51, Wimpole Street, W., Dec. 10th.

N. STEVENSON.

#### THE FIVE YEARS' CURRICULUM.

SIR,—I am one of those who agree with Dr. Bruce as to the value of the pupilage system, and regret that advantage has not been taken of the additional year recently imposed upon students to recommend its adoption for at least six months. But as I am also one of those whose opinion my good friend Mr. Mitchell Banks airily disposes of as neither sound nor valuable because I am not actively engaged in teaching in any of the schools, I should hold my peace were it not for a fact recorded in the BRITISH MEDICAL JOURNAL of November 26th, at p. 1199, where, under the heading of "Naval Medical Service," it is recorded that a former pupil of mine, Mr. H. S. Archdall, gained the first place in the examination for surgeon in the Royal Navy. Far be it from me to detract from the credit due to Mr. Archdall himself or to his teachers at Guy's for his success; but I feel entitled to say that, coming to me as a youth from school, I first taught him how to acquire some elementary medical knowledge, and thus, perhaps, did something to prevent his wasting two years, as Mr. Banks says the English boy mostly does, "before he gets a glimmering of how to study."—I am, etc.,

Dulwich Grove, S.E., Nov. 28th.

H. NELSON HARDY.

SIR,—The letter from Mr. Mitchell Banks on "Pupilage" supposes that all students are alike. All medical practitioners are not alike, nor are all practices alike suitable for introducing a young man to the profession, or for helping him to learn whether he is fit to be a medical man. That this is an important point is shown as well by every surgeon's experience as by the statistics Sir James Paget published some years ago of the careers of the students who had entered at St. Bartholomew's in a certain term of years. A very large proportion passed no examination at all.

Surely it is better for the parents, for the pupil, and for the public that a boy should have some opportunity for seeing what the practice of medicine demands, and for judging whether he is able to make the necessary effort before heavy fees are paid in launching him at a hospital.

Mr. Banks thinks that clinical teaching is sure to make a well-furnished student. From observation of hospital pupils, as well as from twenty-one years' experience of qualified assistants, I am in a position to deny this; and I would say that with a teaching practitioner a youth will learn far more of clinical medicine than he would with an ordinary hospital physician. The personal influence of the teacher is generally overlooked in this pupilage controversy. I and many other men have gained their love for the profession from the daily society of good general practitioners. One fault in medical education is the large amount of time which is spent at lectures. A student learns less from lectures than from reading. Clinical lectures or demonstrations, or the unfolding of the views and experiences of an expert are accepted. The special departments of hospitals are not attended by students as they should be. Though post-graduate courses are chiefly at hospitals for special diseases, these places are very little sought by men until they are qualified, partly from want of time, but largely from want of appreciation. Young men do not know what kind of knowledge will be most useful to them in actual practice.

It is with much pleasure that I read your remarks in the

BRITISH MEDICAL JOURNAL of November 19th, under the head "Not Extinct."

I write in favour of a short pupilage, because my own career owed much of its success to the excellent training and influences of a good master before I entered St. Mary's Hospital.—I am, etc.,

Castle Cary, Nov. 21st.

CAREY COOMBS, M.D.Lond.

#### ROE v. NIX AND OTHERS.

SIR,—The reports in the daily press of the proceedings in this trial, concluded yesterday, were very short, and a remark which, at the conclusion of my evidence, by the permission of the learned judge, I made to the court, was not reported. May I venture to ask you to allow me to reproduce it in the BRITISH MEDICAL JOURNAL?

In one of Miss Ellen Roe's letters read in court, she said, referring to a visit of mine to her after she had made her will, that I had, in joke, asked her whether she had remembered Dr. Deas and myself in it. I stated to the Court that I had no recollection of having made this joke; but that if, even in joke, I had suggested the possibility of any medical superintendent or official visitor being guilty of an act of such grave professional impropriety as to accept a legacy under the will of an insane patient under their control, it was, at least, but a very poor joke, and one which, if made, I should desire most emphatically to recall. I felt indebted to Mr. Justice Gorell Barnes for the great courtesy which permitted me to make this public disclaimer.—I am, etc.,

C. LOCKHART ROBERTSON.

Lord Chancellor's Visitors' Office, Royal  
Courts of Justice, Dec. 10th.

#### INTRAPERITONEAL OPERATIONS FOR ANEURYSMS.

SIR,—Abdominal aneurysms may be classified into (1) those which can be treated by ligature of the artery above, and (2) those which cannot. Aneurysms are placed in the latter class not only by origin and position but also by size. Professor Mitchell Banks will agree that his comparison, in the main just, of ligature compression does not apply here, and Mr. Bulkley Footner that such cases cannot, as a rule at least, be treated by the tourniquet. It was for such a case that the intra-abdominal compressor was originally designed and used.

But even when the aorta is accessible above the aneurysm, it is a very serious thing to obstruct permanently that great vessel by ligature. Once when I tied merely the common femoral, although the case ran a perfectly aseptic course and made a good recovery, the points of the heel, of the malleoli, and of one or two toes perished, of inanition I believe, and not through embolism. How much would have necrosed in this case if the aorta or even the common iliac had been tied?

In answer to an important question asked by Mr. Footner, it may be pointed out that (1) ether has been administered for twelve hours at a stretch during compression of the aorta, and that (2) there is strong reason to believe that the present practice of keeping up anaesthesia from end to end of long procedures, regardless of the nature of each stage of operation, is an abuse of anaesthetics. Healthy peritoneum, even when not anaesthetised, is tolerant of gentle compression by smooth surfaces. I have formed this opinion not from the movements of patients half anaesthetised, but from the facial expression and the verbal testimony of patients not anaesthetised at all.

Grosvenor Street, W., Nov. 26th.

C. B. KEETLEY.

#### TRADUCING THE PROFESSION.

SIR,—When I addressed my Battersea audience I used the pronoun "you," and also the words "your wives and children," with reference to the proletariat in general, arguing that on the working classes would have to fall the testing of the results of experiments made in the physiological and pathological laboratories upon animals. As you object to my proofs of this statement from German hospitals, I give you the following from sources nearer home. In the issue of the BRITISH MEDICAL JOURNAL of December 3rd, in which you protest against my remarks, you report a case on page 1221, column 2, lines 9 and 10, which is a perfect answer to your question. Would that precise operation be done on the child of a car-

riage-keeping patient? Or if you refer to the *Journal of Physiology*, vol. x., pp. 213-231, would that sort of treatment be exactly carried out (see page 225, lines 13-16), on a lady of fashion? It seems rather idle to ask me these weekly questions, to which your own columns many times every year supply the most perfect answer.—I am, etc.,

Tynemouth House, N.E., Dec. 10th.

EDWARD BERDOE.

\*\* Once more we are obliged to remind Mr. Berdoe that the specific indictment which he has to meet is that he told an audience of working men that "their wives and children were subjected in our hospitals to operations which were not performed on any lady who rode in her carriage." This serious charge he now attempts to substantiate by giving chapter and verse for two "operations" professing to be of this kind. Will it be believed that in the first of these, which is quoted from a paper by Dr. McCall Anderson on xanthoma multiplex, the whole procedure is thus described in the passage to which he refers, by Dr. Joseph Coats, who made sections of the diseased parts: "Small portions of the skin, including parts of the eruption, were excised under ether spray," that is, local anaesthesia. And this is what is called by a qualified medical man, who must be supposed to know something of surgery, an "operation!" Waiving this point, however, we are able to assert that the removal of small pieces of diseased skin for diagnostic purposes is habitually practised by scientific dermatologists without regard to the social position of the patient, and when the parts are first sprayed with ether the "operation" is absolutely painless. Mr. Berdoe's illustration proves therefore the opposite of what he has alleged. His second instance is still more extraordinary. The reference is to a paper by Dr. Monckton Copeman and Mr. W. B. Winston giving the results of observations on the bile in a case of biliary fistula in St. Thomas's Hospital. It was found among other things that in the absence of the bile the pancreatic juice was not able to complete the digestion of fats. The passage alluded to by Mr. Berdoe is as follows: "To test this matter still further Dr. Bristowe ordered half a pound of butter to be taken with the meals in the course of the day, but in consequence of the intense nausea and vomiting which ensued it was not persisted in." Setting aside the absurdity of calling the administration of butter with the meals an "operation," we would ask what there is in the simple physiological experiment here recorded to ruffle the sensibilities of the most hysterical antiresearcher? Has Mr. Berdoe never had to discontinue giving cod-liver oil to a child whose stomach rejected it? Do not "ladies of fashion" often take greater liberties than this with their own digestive organs, and with consequences even more distressing? It would require "considerable command of countenance," to use a phrase of Lord Beaconsfield's, to treat Mr. Berdoe's amazing *apologia* seriously; but is it tolerable that a medical man should make peculiarly odious charges against his professional brethren before an ignorant audience on the strength of such utterly irrelevant statements as those which when driven to the proof he now adduces? Mr. Berdoe has not yet attempted to name the operations which he alleged to be performed upon the wives and children of British working men, and which are not performed on ladies who ride in their carriages. His present futile effort in that direction rather aggravates the seriousness of his position.

#### THE RESULTS OF THE ROYAL COMMISSION ON VACCINATION.

SIR,—I have during the last four weeks vaccinated four infants. The vaccination officer of many years' standing has resigned. Would it not be as well to close all vaccination stations and await the result? The Commission would soon have some further demonstration of small-pox and vaccination which appears necessary. I have applied to my board two or three times to know if they consider it advisable to continue my services.—I am, etc.,

W. WOODWARD, M.D.,

Worcester, Dec. 12th. Public Vaccinator for the Worcester District.

#### KISSING THE BOOK.

SIR,—I have been thirty years in practice. On my first appearance before a coroner I kissed the book, but never since. I put the Testament to my nose and make a noise with my